

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1 DATE OF INCIDENT <b>06-MAY-2016</b>		TIME <b>09:32:00</b>		2 ADDRESS OF OCCURRENCE <b>11845 1/2 S SANGAMON ST CHICAGO, IL 60643</b>				3 LOCATION CODE <b>200</b>		4 BEAT/OCCUR <b>0524</b>					
		5 POSITION <b>9165</b>		6 LAST NAME <b>ROSS</b>		7 FIRST NAME <b>CHRISTOPH M</b>		8 STAR NO <b>20518</b>		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE <b>WHI</b>		11 AGE <b>510</b>		12 HT. <b>180</b>	
SUBJECT INFORMATION		14 DATE OF APPT <b>18-DEC-2000</b>		15 EMPLOYEE NO. <b>[REDACTED]</b>		16 UNIT & BEAT OF ASSIGNMENT <b>620 5751E</b>		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
		20 LAST NAME <b>BEASLEY</b>		21 FIRST NAME <b>TERRICK</b>		22 M.I. <b>[REDACTED]</b>		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE <b>BLK</b>		25 D.O.B. <b>15-OCT-1994</b>		26 HT. <b>511</b>		27 WT. <b>160</b>	
REASON FOR USE OF FORCE (Check all that apply)		28 ADDRESS <b>11813 S MORGAN ST CHICAGO, IL 60643</b>				29 TELEPHONE NO. <b>[REDACTED]</b>		30 WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
		33 WHERE WAS MEDICAL TREATMENT OBTAINED? <b>CHRIST</b>				34 BY WHOM? <b>CHRIST</b>		35 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid				36 CHARGES PLACED <b>[REDACTED]</b>					
WEAPON DISCHARGE INCIDENT		38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE					
		SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>					
CASE INFO		MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>					
		VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>					
SIGNATURES		73. REPORTING MEMBER (Print Name) <b>ROSS, CHRISTOPH M</b>		STAR/EMPLOYEE NO <b>20518</b>		SIGNATURE <b>[REDACTED]</b>		74. REVIEWING SUPERVISOR (Print Name) <b>BARNES, MAURICE</b>		STAR NO. <b>2004</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>06-MAY-2016 15:04:43</b>		TIME <b>06-MAY-2016 15:04:43</b>	
		75. REVIEWING SUPERVISOR (Print Name) <b>BARNES, MAURICE</b>												DATE REVIEWED <b>06-MAY-2016 15:04:43</b>		TIME <b>06-MAY-2016 15:04:43</b>	

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Unable to interview, subject currently in surgery at Christ Hospital.

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

U#16-6

As of this report no further action by the undersigned is required. Investigation into this incident is ongoing by the Area South Bureau of Detectives and appropriate criminal charges have not yet been determined. Based on the facts available at this time, it is the preliminary finding that Officer Ross acted in compliance with department policy.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. 1080417 OBTAINED

### 78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PENA, MARIA C

### SIGNATURE

### DATE COMPLETED

### TIME

06-MAY-2016 15:17:05

### 79. TOTAL TRR's THIS EVENT No

1